

TEMPLE BETH ABRAHAM  
MEMBERSHIP DUES PLEDGE FORM  
2007-2008

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Greater amount of \$1920 (minimum dues) \_\_\_\_\_

OR 2% of household income \$ \_\_\_\_\_

OR Other amount \$ \_\_\_\_\_

No one is denied membership due to special financial circumstances and/or needs. Please call the office to get in touch with Art Rosenberg or the Dues Evaluation Committee.

Dues are payable over the course of the synagogue's fiscal year (July 1 – June 30) and pro-rated based on the month membership begins.

**PLEASE ENCLOSE FIRST PAYMENT WITH YOUR MEMBERSHIP APPLICATION.**

**Thank you for circling your preferred payment schedule below.**

Monthly                      Due first of month

Quarterly                    Due first of Month: July, October, January, April

Semi-annually              Due first of month: July and January

Annually                     Due with initial application or pre-arranged date

**By Automatic Check Debits:**

Please fill out the additional authorization agreement form and **attach a voided check.**